ABOUT THE BIRTH TRAUMA ASSOCIATION

The Birth Trauma Association (BTA) was established in 2004 to support families who have been traumatised during childbirth. We are not trained counsellors, therapists or medical professionals. We are parents who do our best to support other parents who have been affected by a traumatic birth. The BTA is the only organisation in the UK dealing solely and specifically with this issue.

Our work is focused on three main areas:
- Raising awareness of birth trauma
- Working to prevent it
- Supporting families in need

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THE IMPORTANT THING TO REMEMBER ABOUT PTSD IS THAT IT’S NOT SOMETHING THAT PEOPLE HAVE CONSCIOUS CONTROL OVER.’

WHAT IS BIRTH TRAUMA?

Birth trauma is shorthand term for post-traumatic stress disorder (PTSD) and other symptoms of psychological distress after birth. About one in 25 women develop PTSD after giving birth, while as many as one in three may feel traumatised and experience some PTSD symptoms.

HOW CAN BIRTH TRAUMA AFFECT FATHERS AND PARTNERS?

There are two ways in which fathers and female partners can be affected by birth trauma:

- If your wife or partner has developed postnatal PTSD as the result of a traumatic birth, you may find it difficult to support her. PTSD is a very debilitating condition, and people who have it may be constantly on edge, anxious, tired and irritable.
- You may develop PTSD, or some psychological symptoms, as the result of having watched the traumatic birth of your child, particularly if you felt frightened that your partner or baby were at risk of dying. The most common symptoms are flashbacks or heightened anxiety.

PTSD is common amongst people who have witnessed a trauma. Midwives, doctors and paramedics can all develop PTSD. The latest research suggests that about 1% of fathers develop PTSD after witnessing their partner give birth.
HOW CAN I SUPPORT MY PARTNER IF SHE HAS BIRTH TRAUMA?

Living with a woman who has suffered a traumatic birth experience can be upsetting and frustrating. You may find that she is irritable and short-tempered, or extremely anxious, to the extent that she won’t let anyone else hold the baby. She may refuse to see any visitors or go to any baby groups. She may want to talk endlessly about the birth – or refuse to discuss it at all. She may feel too frightened to have sex because it triggers memories of the birth or because she fears becoming pregnant again. She may avoid all contact with health professionals because she has lost her trust in them. You may also find that she blames you for not supporting her enough during the birth.

But it’s also likely that you were the only person present at the birth that she knew and trusted. You may be the only other person who has shared the whole experience with her and that puts you in a unique position to offer support.

There are many things that you can do to help:

- Encourage your partner to seek help from a GP, health visitor or friends and talk to someone in depth
- Listen to her when she wants to talk about the birth, even if it may feel as if you’re endlessly re-treading the same ground
- Encourage her to look at our website (www.birthtraumaassociation.org.uk) and talk to us
- Remind her that she is not going mad and will get better
- Reassure her of your support and that you will not abandon her
- Try to find out as much as you can about birth trauma, and, if necessary, be prepared to fight for the necessary professional support for your wife or partner and yourself

However hard it is, please try not to:
- Tell her to pull herself together or to move on. She is already feeling bad about herself and is doing her best
- Ignore or dismiss her feelings
- Walk out on her or distance yourself from her, however difficult it seems

The important thing to remember about PTSD is that it’s not something that people have conscious control over. They’re not choosing to have flashbacks or to be endlessly obsessed over the trauma or so anxious that they can’t sleep. PTSD means that a traumatic event is stored in short-term memory rather than filed away safely in long-term memory, so that a trauma that may have happened weeks, months or even years ago still feels present and real to the person experiencing it.

WHAT CAN I DO IF I THINK I HAVE PTSD?

PTSD symptoms fall into four categories:
- Intrusive memories, nightmares or flashbacks to the trauma
- Extreme anxiety or jumpiness
- Negative thoughts such as feelings of guilt or worthlessness
- Avoidance of anything that reminds you of the trauma

These symptoms can be very difficult to live with, particularly at a time when you and your partner are also adjusting to life with a new baby.

If it’s hard for new mothers to seek help for PTSD, it can be even harder for dads and female partners. You are unlikely to be asked by a midwife, health visitor or GP how you feel, so you may find yourself suffering in silence. Some partners may feel ashamed of feeling traumatised when they are not the person who gave birth, and so can be reluctant to seek support from friends, family or professionals.

To access therapy, you can either go to your GP and ask for a referral or, if you’re in England, self-refer through your local Improving Access to Psychological Therapies (IAPT) service.

If you worry that your GP won’t understand, take this leaflet with you.

Alternatively, you can find a private therapist who specialises in one of those two treatments. You can search for private therapists at the site of the British Association for Counselling and Psychotherapy (BACP): www.bacp.co.uk/search

Our website also carries adverts for therapists who specialise in treating birth trauma: www.birthtraumaassociation.org.uk/for-parents/counsellors-therapists

ELLIOIT RAE

After the traumatic birth of his daughter, Elliott Rae, the founder of MusicFootballFatherhood.com, developed insomnia, anxiety and flashbacks that could strike at any time of the day or night. It was hard to find help, he says:

“AS MEN AND AS DADS, BEING VULNERABLE AND TALKING ABOUT OUR MENTAL HEALTH AND OUR STRUGGLES IS A VERY NEW THING TO DO. IT STILL ISN’T COMPLETELY ACCEPTABLE.”

PTSD is treatable, however, so the best thing you can do is seek professional help – as Elliott eventually did.

There are two particularly effective treatments:
- Trauma-focused CBT
- Eye movement desensitisation and reprocessing (EMDR)

These are both intensive therapies that last for 8–12 sessions.

OTHER SUPPORT

You can also ask for help from our peer supporters:

e: support@birthtraumaassociation.org.uk

t: 0203 621 6338

Other helpful organisations include:

Dads Matter UK
Samaritans:
t: 116 123 or
e: jo@samaritans.org

If you have experienced baby loss, the charity SANDS supports mothers and fathers. Their FREE Helpline number is t: 0808 164 3332

You can also find a useful list of resources for fathers at andrewmayers.org/fathers-mental-health